

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if ...

Aetna Insurance Company  
Tampa Business Center  
P.O. Box 30257  
Tampa, FL 33620-3257

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

FEB 26 2007

☐ Agent☐ Addressee☐ Yes☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☒ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7004 1160 0003 5796 8612

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952